

Teen Court Community Service Time Sheet

Participant: _____

Community Service Site: _____

Number of hours required for completion: _____

Completion Date: _____

Date	Time In	Time Out	Total Daily Time (round to .25 hour)	Comments

NOTE: SUPERVISOR MUST COMPLETE EVALUTATION ON THE BACK OF THIS FORM ONCE THE CLIENT HAS COMPLETED ALL OF HIS/HERS HOURS.

Numbers of hours completed: _____

Contact Number _____

Supervisor's Printed Name

Date

Supervisor's Signature

Supervisor Evaluation

Attention Supervisors:

The following is an evaluation to be completed by you to give Teen Court an idea of performance of our clients and the quality of their work with your agency. Please take a few minutes to complete the following evaluation. If you have any further questions or comments, please feel free to contact our office at (850) 488-4265.

Behavior	Outstanding	Satisfactory	Unsatisfactory	Comment
Client was on time.				
Appearance				
Was mature and had adult-like behavior				
Listened and showed serious respect to staff and the public				
Completed all assigned tasks				
Showed initiative without always being told what to do				
Quality of work				
Overall satisfaction of volunteer				

Please supply any additional comments:

Supervisor Signature

Date